



OVERVIEW

All Arizona residents can apply for the AHCCCS medical services or the Arizona Long Term Care System (ALTCS) programs. There are many programs that individuals may qualify for in order to receive AHCCCS or ALTCS coverage.

The programs have different financial and non-financial requirements that applicants must meet, including, but not limited to:

- ☒ Proof of Arizona residency at the time of application
- ☒ Proof of U.S. citizenship or legal alien status
 - ✓ The Emergency Services Program provides coverage for most immigrants -- lawfully admitted immigrants as well as undocumented/illegal immigrants -- for emergency services and labor and delivery services only.
- ☒ An income test that requires applicants to provide documentation of all family earned and unearned income
- ☒ A resource test that requires applicants to identify resources (e.g., homes, other property, liquid assets, vehicles, and any other item of value) and provide documentation of their value
 - ✓ A resource test is not applied for all eligibility programs.
- ☒ Other requirements
 - ✓ Each program has certain non-financial and/or financial requirements, such as age, disability, pregnancy, medical “spenddown” or other household requirements that are unique to the program, and are aimed at serving specific groups of people.

ELIGIBILITY

Eligibility determination is not performed under one roof but by various agencies, depending on the category.

For example, pregnant women, families, children and many individuals usually enter AHCCCS by way of the Department of Economic Security. The blind, aged or disabled who receive Supplemental Security Income enter through the Social Security Administration. Eligibility for categories such as ALTCS, SSI – Medical Assistance Only (aged, blind and disabled who do not qualify for Supplemental Security Income cash payment), KidsCare, AHCCCS for Parents of KidsCare Children (HIFA Parents), Freedom to Work, Breast and Cervical Cancer, and Medicare Cost Sharing programs is handled by the AHCCCS Administration.

Each eligibility category has its own income and resource criteria.



ELIGIBILITY (CONT.)

AHCCCS provides family coverage under the following eligibility categories:

- ☒ AHCCCS for Families and Children (AFC)
- ☒ Medical Expense Deduction (MED)
- ☒ Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative
 - ✓ HIFA provides coverage to parents of Title XIX SOBRA children and Title XXI KidsCare children who are not otherwise eligible for Medicaid.

Coverage for children is provided under the following eligibility categories:

- ☒ ALTCS
- ☒ KidsCare
 - ✓ KidsCare is Arizona's version of the Title XXI State Children's Health Insurance Program.
 - ✓ It covers low-income children under age 19 if the family income is less than 200 per cent of federal poverty level (FPL).
- ☒ SOBRA
- ☒ SSI Cash (Title XVI) or SSI MAO
- ☒ Young Adult Transitional Insurance (YATI)
- ☒ Foster care children

Coverage for single individuals and couples without minor children is provided under the following eligibility categories:

- ☒ ALTCS
- ☒ Breast and Cervical Cancer Treatment Program
- ☒ Medical Expense Deduction (MED)
- ☒ SOBRA Pregnant Women
- ☒ SSI Cash (Title XVI) or SSI MAO
- ☒ Title XIX Waiver Population Non-Spenddown
- ☒ Freedom to Work



ELIGIBILITY (CONT.)

Various Medicare cost sharing programs help recipients pay Medicare premiums, deductibles, coinsurance, and co-payments.

- ☒ Qualified Medicare Beneficiary (QMB)
- ☒ Qualified Individual 1 (QI-1)
 - ✓ Qualified Individual 2 (QI-2) was not funded and eliminated November 14, 2003
- ☒ Specified Low Income Medicare Beneficiary (SLMB)

Some eligibility categories provide partial coverage of AHCCCS-covered services:

- ☒ Family Planning Services (FPS) provides family planning services only for up to 24 months to SOBRA pregnant women after a 60-day post partum period.
- ☒ The federal Emergency Services Program provides coverage of emergency services only to undocumented/illegal immigrants and some legal immigrants.
- ☒ Benefits for KidsCare recipients are the same as under EPSDT except KidsCare recipients are not covered for licensed midwife services and home births.
 - ✓ EPSDT services are covered for recipients under age 21.
 - ✓ KidsCare services are covered for recipients under age 19.

NEWBORNS

All babies born to AHCCCS-eligible mothers are also deemed to be AHCCCS eligible and may remain eligible for up to one year if the newborn continues to reside with the mother and the newborn and mother continue to reside in Arizona.

Newborns born to mothers enrolled in KidsCare will be approved for KidsCare beginning with the newborn's date of birth unless the child is Medicaid eligible.

Newborns receive separate AHCCCS ID numbers, and services for them must be billed separately using the newborn's ID. Services for a newborn that are included on the mother's claim will be denied.



COVERAGE OUT OF STATE

A recipient who is temporarily out of the state but still a resident of Arizona is entitled to receive AHCCCS benefits under one of the following conditions:

- ☒ Medical services are required because of a medical emergency.
 - ✓ Documentation of the emergency must be submitted with the claim to AHCCCS.
- ☒ The recipient requires a particular treatment that can only be obtained in another state.
- ☒ The recipient has a chronic illness necessitating treatment during a temporary absence from the state or the recipient's condition must be stabilized before returning to the state.

Services furnished to AHCCCS members outside the United States are not covered.

ELIGIBILITY EFFECTIVE DATES

The following general guidelines apply to eligibility effective dates:

- ☒ For most recipients, eligibility is effective from the first day of the month of application or the first day of the month in which the recipient meets the qualifications for the program.
- ☒ For recipients eligible under Medical Expense Deduction - Spenddown, eligibility is effective on the date the individual meets spenddown or the first day of the month of application, whichever is later.
- ☒ For KidsCare recipients, if the eligibility determination is completed by the 25th day of the month, eligibility begins on the first day of the following month. For eligibility determinations completed after the 25th day of the month, eligibility begins on the first day of the second month following the determination of eligibility.

VERIFYING AHCCCS ELIGIBILITY

Even if a recipient presents an AHCCCS ID card or a decision letter from an eligibility agency, you must always verify the recipient's eligibility and enrollment status.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as information is updated in the system. Eligibility categories also may change or be overridden by other eligibility categories.



VERIFYING AHCCCS ELIGIBILITY (CONT.)

You may use any one of several verification processes to obtain eligibility, enrollment, and TPL information (if available).

- ☒ AHCCCS has developed a Web application that allows providers to verify eligibility and enrollment using the Internet. Providers also can obtain Medicare/TPL information for a recipient.
 - ✓ To create an account and begin using the application, go to the AHCCCS Home Page at www.ahcccs.state.az.us.
 - ✓ Once at the Home Page, click on Links for Plans & Providers.
 - ✓ A link on the Quick Links for Health Plans & Providers page allows you to create an account so that you can verify eligibility and enrollment.
 - ✓ For technical support when creating an account, providers should call (602) 417-4451.
- ☒ The Medical Electronic Verification System (MEVS) uses “swipe card” technology.
 - ✓ Plastic recipient identification cards with a magnetically encoded strip enable providers to “swipe” the card through a card reader, similar to using credit and debit cards in stores.
 - ✓ For information on MEVS, contact one of the MEVS vendors:
 - Web MD 1-800-366-5716
 - Medifax EDI 1-800-444-4336
- ☒ The *Interactive Voice Response system (IVR)* allows an unlimited number of verifications by entering information on a touch-tone telephone.
 - ✓ Providers may call IVR at:
 - Phoenix: (602) 417-7200
 - All others: 1-800-331-5090
 - ✓ In Maricopa County only, providers can request faxed documentation.
- ☒ The on-line *Eligibility Verification System (EVS)* allows you to use a PC or terminal to access eligibility and enrollment information.
 - ✓ For information on EVS, contact:
 - Web MD 1-800-366-5716
 - Medifax EDI 1-800-444-4336



VERIFYING AHCCCS ELIGIBILITY (CONT.)

Verification processes (Cont.)

- ☒ If you cannot use the AHCCCS Web site, MEVS, IVR, or EVS, the provider should contact the *AHCCCS Verification Unit*.
 - ✓ The unit is staffed from 6:00 a.m. to Midnight, 7 days a week
 - ✓ To contact the AHCCCS Verification Unit, call:
 - Phoenix: (602) 417-7000
 - All others: 1-800-962-6690
 - ✓ You should be prepared to give the operator the following information:
 - ☒ *Provider* ID number
 - ☒ *Recipient's* name, date of birth, and AHCCCS ID number or Social Security number
 - ☒ Date(s) of service